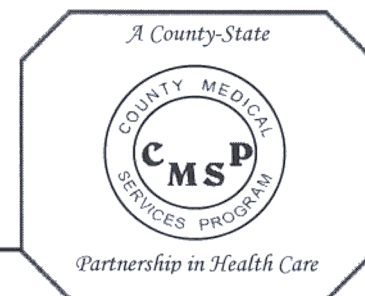


COUNTY MEDICAL SERVICES PROGRAM
MS 5202
P.O. BOX 997413
SACRAMENTO, CA 95899-7413
(916) 552-8015 Fax No.: (916) 552-8018



CMSP Letter No.: 04-06
Issue Date : June 23, 2004

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: COUNTY MEDICAL SERVICES PROGRAM (CMSP)
REFERRALS TO STATE DISABILITY AND ADULT PROGRAMS
DIVISION

The purpose of this letter is to advise all county welfare departments of a process that will be expanded to all CMSP counties to identify and refer CMSP beneficiaries with potential disability to the State Disability and Adult Programs Division (DAPD) for disability application consideration. Expansion of this process to all CMSP counties began June 1, 2004.

Background

In the fall of 2003, the CMSP Governing Board implemented a new process for identifying CMSP beneficiaries who may be eligible for Medi-Cal due to disability. Under this process, a Registered Nurse (RN) with the CMSP Governing Board office reviews clinical information about selected CMSP beneficiaries as a part of the medication request process involving CMSP's pharmacy benefit program. Based upon these reviews, the RN identifies CMSP beneficiaries whose medical diagnoses and medication histories indicate either of the following circumstances:

the CMSP beneficiary has a presumptive disability and eligibility for Medi-Cal as described in 22C-3.6 of the MEPM; or
the CMSP beneficiary has a likely disability and potential eligibility for Medi-Cal as described in 22c-2.1; i.e., the beneficiary is "unable to engage in substantial gainful activity (SGA) due to a medically determined physical or mental impairment, which is expected to result in death, or which is expected to last for a continuous period of 12 months."

In follow up, CMSP's Registered Nurse notifies the responsible county welfare department, via fax, to request that a DAPD application be initiated on behalf of the CMSP beneficiary. In response, the county welfare department initiates the DAPD process with the identified beneficiary and notifies CMSP's Registered Nurse of the action.

To date, this process has been tested on a pilot basis with beneficiaries in nearly half of the CMSP counties. Approximately 150 CMSP beneficiaries have been referred for disability consideration by DAPD. Recent data show that more than 20% of these beneficiaries have been approved for Medi-Cal disability, resulting in substantial cost savings to CMSP and CMSP counties.

Goals of Referral Process

While CMSP is administered through a contract with the State Department of Health Services, the cost of CMSP is paid entirely by participating CMSP counties from their local Realignment funding and other county General Fund contributions. A primary goal of the referral process is to assure that CMSP beneficiaries who are likely to be eligible for Medi-Cal, due to disability, initiate the required disability application process as soon as possible. To the extent Medi-Cal assumes responsibility for these beneficiaries, the cost is no longer the responsibility of CMSP and participating CMSP counties. In addition, when Medi-Cal disability is approved, the beneficiary is better positioned to qualify for federal disability under SSI. Importantly, when SSI becomes available to the client, the client receives a monthly income check and counties are no longer responsible for providing General Assistance.

Expanded DAPD Referral Process – CMSP and County Welfare Department Duties

Under the DAPD referral process, the CMSP Governing Board office is responsible for the following actions:

CMSP's Registered Nurse reviews clinical information about selected CMSP beneficiaries as part of the medication request process involving CMSP's pharmacy benefit program.

CMSP's Registered Nurse identifies CMSP beneficiaries whose medical diagnoses and medication histories indicate either of the following circumstances:

1. the CMSP client has a presumptive disability and eligibility for Medi-Cal as described in 22C-3 of the MEPM; or
2. the CMSP client has a likely disability and potential eligibility for Medi-Cal.

CMSP's Registered Nurse faxes, to the welfare department in the county of residence, a completed ***Presumptive Disability/Disability Notification form*** and requests that a DAPD application be initiated on behalf of the CMSP client.

In follow up to notification by the CMSP's Registered Nurse, the county welfare department is responsible for the following actions:

Welfare department mails a DAPD application to beneficiary with a request that the form be completed and returned to the county in five (5) working days.

CMSP Welfare Directors

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- Following mailing to the beneficiary, the welfare department notifies CMSP's Registered Nurse that the application has been sent to the beneficiary. Welfare department takes all other necessary steps to process the DAPD application, including contacting the beneficiary to facilitate application completion. Welfare department submits the completed DAPD application to DAPD and switches the CMSP aid code to reflect the beneficiary is in a "disability pending" aid code.

For your information, a copy of the *Presumptive Disability/Disability Notification* form and the transmittal fax cover sheet are enclosed for your review.

If you have any questions regarding this new process, please contact Sharon Schuster, RN, with the CMSP Governing Board Office. She can be reached at (916) 649-2631, ext. 13. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Marylyn Willis". The script is cursive and fluid.

Marylyn Willis, Chief
County Medical Services Program Unit

Enclosures

cc: Mr. Lee Kemper
Administrative Officer
CMSP Governing Board
1451 River Park Drive, Suite 222
Sacramento, CA 95815

CMSP

GOVERNING BOARD

FACSIMILE TRANSMITTAL SHEET

TO: FROM: Sharon Schuster, R.N., PHN

COMPANY: DATE:

FAX NUMBER: TOTAL NO. OF PAGES INCLUDING COVER
2

PHONE NUMBER:

RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

The CMSP Governing Board has implemented a process to identify beneficiaries who may be eligible for Medi-Cal disability. An RN at the Governing Board Office has reviewed pharmaceutical data to determine that the CMSP beneficiary has one of the following:

- Presumptive disability and eligibility for Medi-Cal as described in 22C-3.6 of the MEPM; or
- Likely disability and potential eligibility for Medi-Cal as described in 22C-2.1, i.e. the beneficiary is "unable to engage in substantial gainful activity (SGA) due to a medically determined physical or mental impairment, which is expected to result in death, or which is expected to last for a continuous period of 12 months."

In support of our findings we ask that you initiate a SP-DAPD referral and complete section C of the attached form and fax all documents back to the CMSP Governing Board at the number on the form within 5 working days.

For further information, please refer to ACL CMSP Letter No. 04-06, dated June 23, 2004.

Thank you for your assistance.



CMSP PRESUMPTIVE DISABILITY (PD) / DISABILITY NOTIFICATION FORM

Instructions for CMSP: Complete Section A and/or B and submit to the applicable County office.

Instructions for County: Review the Client Information. Then, to the extent required for coordination of benefits purposes, complete Section C of the form and fax the form to the number below.

Client Information:

<u>Client Name:</u>	<u>Client CIN:</u>
<u>Client DOB:</u>	<u>Client SSN:</u>

Section A: PRESUMPTIVE DISABILITY

Based on clinical information, this beneficiary has a condition consistent with the following:

Category:

- | | |
|--|--|
| <input type="checkbox"/> 2 – Amputation of a leg at the hip | <input type="checkbox"/> 7 – Allegation of cerebral palsy, muscular dystrophy, or muscle atrophy |
| <input type="checkbox"/> 3 – Allegation of total deafness | <input type="checkbox"/> 12 – Human Immunodeficiency Virus (HIV) infection |
| <input type="checkbox"/> 4 – Allegation of total blindness | <input type="checkbox"/> 14 – Receiving Hospice services |
| <input type="checkbox"/> 5 – Allegation of bed confinement or immobility | <input type="checkbox"/> 15 – Allegations of spinal cord injury producing inability to ambulate |
| <input type="checkbox"/> 6 – Allegation of a stroke | <input type="checkbox"/> 16 – End stage renal disease |
| | <input type="checkbox"/> 17 – Amyotrophic Lateral Sclerosis (ALS) |

Please contact Beneficiary to determine PD status under Article 22-C of the MEPM.

Section B: DISABILITY

Based on clinical information, this beneficiary has an apparent disability as defined under Article 22C-3 of the MEPM.

Comments:

Section C: ELIGIBILITY DEPARTMENT ACTION

Return comments and county data:

<u>Date DED Packet Sent:</u>	<u>Appeal:</u>
<u>Result:</u> <input type="checkbox"/> Pending _____ <input type="checkbox"/> Denied _____ Date: _____	<u>Result:</u> <input type="checkbox"/> In process _____ <input type="checkbox"/> Not Attempted _____
<u>SSI Application:</u> Date Sent: _____ Not Filed: _____	<u>Reason:</u>

Comments (limit to the minimum necessary for coordinating benefits):

PLEASE FAX COMPLETED FORM TO: CMSP GOVERNING BOARD Fax: (916) 244-0234
Attn: Sharon Schuster, RN PHN